

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Barry W. Davis, Jr., individually and on behalf of other similarly situated		COURT CASE NUMBER 23-23279-KMW-SAK	
DEFENDANT Erigere Rapidus Solutions ERS, Inc. and Robert Cormier		TYPE OF PROCESS Writ of Execution	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	TD Bank, N.A.		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 501 Mickle Boulevard, Camden, NJ 08103		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
Phillip D. Berger, Esquire Berger Law Group, P.C. 919 Conestoga Road, Bldg. 3, Suite 114 Bryn Mawr, PA 19010		Number of parties to be served in this case	1
		Check for service on U.S.A.	

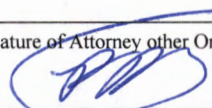
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

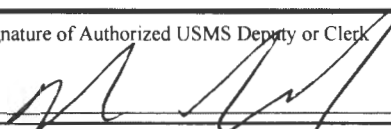
RECEIVED

Fold

JAN 10 2025

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF	AT 8:30 CLERK, U.S. DISTRICT COURT - DNJ 610 668 0800	M DATE 12/23/24
	<input type="checkbox"/> DEFENDANT		

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. ASD	District to Serve No. ASD	Signature of Authorized USMS Deputy or Clerk 	Date 1/7/25
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) Fiona Malloy, Store Manager				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date 1/10/25	Time 9:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy M. Czerwinski	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  \$0.00

REMARKS:

#### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED